US

10/521946

## **DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION**

×	Original		Supplemental		Substitute			
			7	-				
As a	a below named inventor, I h	ereby de	eclare that:		•			
Муг	esidence, post office addre	ess and	citizenship are as stated	d below next to my	name, and			
and	lieve I am the original, first joint inventor (if more than ch a United States patent is	one nar	ne is listed below) of the	e subject matter wh				
	HTALMIC OINTMENT CON LUBILING/DISPERSING A		ION COMPRISING A D	RUG, AN OINTME	NT BASE AND A			
the	specification of which:							
	is attached hereto.							
	was filed on	(day/mor	as Applicatio	n No				
	and, if this box (□) con	and, if this box (□) contains an ×						
	□ was amended o		ay/month/year)					
×	was filed as Patent Cod	was filed as Patent Cooperation Treaty international Application No.						
	PCT/EP 03/08005	<del></del>	on <b>22.07.2003</b> (day/month/year	<del>r)</del>				
	and, if this box (□) con	tains an	×					
	entered the national stage in the United States and was accorded Application No.							
	and, if this box (□) con	tains an	×					
	□ was amended,	subsequ	uent to entry into the na	tional stage, on				
					(day/month/year)			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of the continuation-in-part application.

I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED		IMED		
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:							
APPLICATION NO.		FILING DATE (day/month/year)					
60/397.865		23.07.2002					

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States	United States	Status (Pending,	International	
Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date
''	(day/month/year)	Patent No.)		(day/month/year)

I hereby appoint all of the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box ( $\square$ ) contains an x  $\boxtimes$ , I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first joint inventor	Jithan AUKUNURU		
Inventor's signature		Date	
			(day/month/year)
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Full name of second joint inventor, if any	Maggy BABIOLE SAUNIER		
Inventor's signature		Date	
			(day/month/year)
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Citizenship	France		
Post Office Address	16 rue des champs 68130 Jettingen France		

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

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Full name of third joint inventor, if any	Jean-Claude BIZEC		
Inventor's signature		Date	
			(day/month/year)
Residence	68440 Habsheim, France		
Citizenship	France		
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Full name of fourth joint inventor, if any	Georg Ludwig KIS		
Inventor's signature		Date	
•			(day/month/year)
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Full name of fifth joint inventor, if any	Christian SCHOCH		
Inventor's signature		Date	
•			(day/month/year)
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Full name of sixth joint inventor, if any	Michelle Pik-han WONG		
Inventor's signature		Date -	(day/month/year)
			(day/mo/m/your/
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Full name of seventh joint inventor, if any			
Inventor's signature		Date _	
			(day/month/year)
Residence			
Citizenship			
Post Office Address			
Full name of eighth joint inventor, if any			
Inventor's signature		Date _	
			(day/month/year)
Residence			
Citizenship			
Post Office Address			